

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044483

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 192

STATE FILE NUMBER

VS 300
Rev. 4/59

10497

20497

3

40

52

6

70

82

94201

10

11

1286-0

137-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mineral Township		c. CITY OR TOWN Carthage	
Length of stay in 1b 60 yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Rest Home		d. STREET ADDRESS (If outside, give location) 317 N. Florence	
3. NAME OF DECEASED (Type or print) First Elmer Middle A. Last Swearingen		4. DATE OF DEATH Month Nov Day 17 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1879
9. AGE (last birthday) 84		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mines	
11. BIRTHPLACE (City and state or country) Mtn. Vernon, Mo.		12. CITIZEN OF WHAT COUNTRY US A	
13a. FATHER'S NAME Perry Swearingen		13b. MOTHER'S MAIDEN NAME Smathia Samuels	
14. NAME OF HUSBAND OR WIFE deceased (Mary)		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Nell Denny, Golden City, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 36 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		Years	
DUE TO (c) Hypertension			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gangrene of right foot and leg - 2 months		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1/17/58 to 11-17-1963 and last saw him alive on 11/17/63		Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) G. L. Isaac M. D.		22b. ADDRESS 1515 Hazel Carthage, Missouri	
22c. DATE SIGNED 11/19/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-20-1963	23c. NAME OF CEMETERY OR CREMATORY Brick Church Cemetery	
23d. LOCATION (City, town, or county) Lawrence County, Mo.			
24. FUNERAL DIRECTOR ADDRESS Mason Chapel, 108 Range Line, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 11-20-63	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lee Mason

Licensed Embalmer No. 4568

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.